

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213553568			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: PHYSICIANS MUTUAL INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: F0192957</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2600 DODGE ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: OMAHA, NE 68131</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: R A REED TITLE: PRESIDENT ADDRESS: 2600 DODGE CITY/ST/ZIP/CO: OMAHA, NE 68131 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: R A REED TITLE: PRESIDENT ADDRESS: 2600 DODGE CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: R A REED TITLE: PRESIDENT ADDRESS: 2600 DODGE CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KATHERINE M ANDERSON TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KATHERINE M ANDERSON TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: KATHERINE M ANDERSON TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BENJAMIN T BALDWIN TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BENJAMIN T BALDWIN TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: BENJAMIN T BALDWIN TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRICE A BALLARD TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRICE A BALLARD TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: BRICE A BALLARD TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL V CARSTENS TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL V CARSTENS TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL V CARSTENS TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GRANT J CHRISTENSEN TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GRANT J CHRISTENSEN TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: GRANT J CHRISTENSEN TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			

NAME:	JOHN C CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	TIMOTHY J CONNOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	MELISSA J CRAWFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	HOWARD G DAUBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	ROSE M EARLYWINE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	MIKE J EBELING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	DAVID M HAHN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	GREGORY P HOPKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	STEVEN R HUGHES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	EDWARD J KASPAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	PHILLIP J KRESKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		

NAME:	MARK E LEHMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	THERESE M MCDERMOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE ST		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	EDWARD J MULLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	MARK S NELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	SHANE D PARSHALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	MARK E PETERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	MICHAEL W PETERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	JANE R PHILLIPS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	FREDERICK T RAHN, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	TIMOTHY R REED	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	SCOTT A RICHE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		

NAME:	STEVEN A SCANLAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	MICHAEL J TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	MICHAEL J WADE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	DEBRA L WALTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	TARA A WARREN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE ST		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	DAVID P WOODS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	ROBERT ALLEN REED JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	ROBERT L GUNIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	WILLIAM R HAMSA, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN OF BD		
ADDRESS:	2600 DODGE ST		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	DALE E BRETT, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		
NAME:	JAMES T CANEDY, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN M MANCUSO, MD DIRECTOR 2600 DODGE STREET OMAHA, NE 68131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D WOODBURY, MD DIRECTOR 2600 DODGE STREET OMAHA, NE 68131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER C DUDA VICE PRESIDENT 2600 Dodge Street Omaha, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATHAN L COBERLY VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY S LESINSKI VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT L GUNIA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT L GUNIA, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/5/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			